

Substitute for form 1449/PTO (Revised 07/2005)				Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	To be assigned	
				Filing Date	Concurrently herewith	
				First Named Inventor	Turner	
				Group Art Unit	Unknown	
				Examiner Name	Unknown	
Sheet	/	of	/	Attorney Docket Number	047717/311149	
U. S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
/JT/	1	US-5,621,199,		04-15-1997	Calari et al.	
/JT/	2	US-5,973,613		10-26-1999	Rcis et al.	
/JT/	3	US-6,617,962 B1		09-09-2003	Horwitz et al.	
/JT/	4	US-2003/0174764 A1		09-18-2003	Mahany	
FOREIGN PATENT DOCUMENTS						
Examiner Initials	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
/JT/	5	WO 94/14267 A1		06-23-1994	Clinicom Incorporated	
/JT/	6	EP 0 899 677 A2		03-03-1999	Supersensor Limited	
Examiner Signature	/John Tweel Jr/				Date Considered	04/24/2009

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.